

SUBMISSION INSTRUCTIONS

In order for Kansas Department of Health and Environment Office of Local and Rural Health to process your waiver request, a package of information (and one complete copy) must be compiled and submitted to:

Barbara Gibson, Director, State Primary Care Office
KDHE Office of Local and Rural Health
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365

- All information including letters of recommendation must be submitted AT THE SAME TIME.
- Record the Case Number assigned by Department of State on every sheet submitted.
- Avoid two-sided documents and use only 8 1/2" x 11" paper.
- After assembly, prepare ONE COMPLETE COPY to submit along WITH THE ORIGINAL.

Application Assembly Order and Checklist

- ☐ 1. **Facility/Employer Letter:** A detailed description of unmet need.
 - letter addressed to the Director of the State Primary Care Office from the head of the entity/facility with which the physician will be employed requesting that KDHE act in its capacity as "state health agency" and recommend a waiver for the J-1 physician.
 - A statement describing the plans for retaining the physician during and beyond the 3-year obligation.
- ☐ 2. **Data Sheet DS 3035** instruction letter with the US Department of State case number.
- ☐ 3. Copy of **Employment Contract** (notarization no longer required) as follows:

The letter must contain the following:

- Physician's Name
 - Physician's Date of Birth
 - Physician's Country of Origin or last residence
 - Physician's Medical Specialty
 - Practice name and street location city and zip code,
 - Description of the sponsoring employer facility or clinical site and the service area
 - Description of the physician's proposed responsibilities, and
 - For non-primary care specialties,
- a) The physician and the head of the health care facility must sign the contract
 - b) The date that the contract is signed should be included in the contract
 - c) A minimum of 40 hours weekly to provide patient care only
 - d) A three-year term
 - e) Agreement to begin employment within 90 days of receiving the visa waiver.

- ☐ 4. Notarized Department of State [Exchange Visitor Attestation form](#)
- ☐ 5. Readable photocopies of Physician's DS-2019 forms (former IAP-66) covering every period during participation in an exchange visitor program in J-1 status.
- ☐ 6. A personal statement of reasons for not wishing to fulfill the two-year country residence requirement.
- ☐ 7. Physician's curriculum vitae including physician's social security number.
- ☐ 8. A letter with an explanation, *when applicable*, for any period spent: in some other visa status, out of status, or out of the country.
- ☐ 9. Notarized U.S. Department of State [Employer Attestation form](#) signed by the head of the facility at which the J-1 physician will be employed stating that the facility:
 - is located in a designated HPSA or recently designated MUA; and
 - provides medical care to Medicaid, HealthWave, and Medicare eligible patients, and indigent uninsured patients (Form, Page 16)
- ☐ Readable photocopies of any I-94 Entry and Departure cards (front and back on the same page).
- ☐ 10. Qualifications (diplomas, licenses).
- ☐ 11. Form G-28, *when applicable*
- ☐ Copy of the physician's Kansas medical license, or application, and demonstration that all medical licensure requirements are met for the State of Kansas.
- ☐ Notarized [KDHE Attestation form](#).
- ☐ Statement regarding efforts to recruit an American physician for the position.
- ☐ Letters of community support.
- ☐ Letters of recommendation (three) from those who know the J-1 physician's qualifications.
- ☐ If foreign government funding was provided for the exchange visitor program, documentation that a "no objection" statement will be sent directly to the Waiver Review Division from the Embassy on Embassy letterhead and stationery.

KDHE will begin processing your application when all materials are available. Allow up to thirty (30) days for the waiver request to be processed by KDHE.